

**CERTIFICATE AMENDED**

**SEE NOTATION \***

*6-7-31-72 (ma)*

**FIRST NAME AMENDED BY AFFIDAVIT AND CERT. OF BAPTISM**  
**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. *3845*  
 Registered No. *389*

1. PLACE OF BIRTH

County *Pima*

District or Township *Inspiration*

City *Miami*

State *Arizona*

or Village

No. *1001 Adobe Hill*

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child *ANA*

*Gilda Gonzales*

3. Sex of Child

To be answered ONLY  
 in event of plural  
 births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth *Sept 1 1927*  
 Month Day Year

If child is not yet named, make  
 supplemental report, as directed.

8.

FATHER

Full name *Francisco Gonzales*

9. Residence

(Usual place of abode)

*Miami, Arizona*

If non-resident, give place and state.

10. Color or race

*Mexican*

11. Age at last birthday *33*

(Years)

12. Birthplace (city or place)

(State or country)

*Mexico*

13. Occupation

Nature of industry

*Miner*

*Copper*

14.

MOTHER

Full maiden name *Petra Herrera*

15. Residence

(Usual place of abode)

*Miami, Arizona*

If non-resident, give place and state.

16. Color or race

*Mexican*

17. Age at last birthday *19*

(Years)

18. Birthplace (city or place)

(State or country)

*Mexico*

19. Occupation

Nature of industry

*Housewife*

20. Number of children of this mother *2*

(Taken as of time of birth of child herein  
 certified and including this child.)

(a) Born alive and now living *2*

(b) Born alive but now dead *0*

(c) Stillborn *0*

21. Were precautions taken against oph-  
 thalmia neonatorum?

*Yes*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was

*alive*  
 (Born alive or stillborn)

at *8:15 a* m. on the date above stated

Signature

*J. J. Franklin*  
*MD*

(Physician or midwife)

Address

*Miami, Arizona*

Filed *Sept 11, 1927*

\*When there was no attending physician  
 or midwife, then the father, householder,  
 etc., should make this return. A stillborn  
 child is one that neither breathes nor  
 shows other evidence of life after birth.

Given name added from  
 supplemental report

Month, day, year

Registrar

Registrar

*172-901-781*